PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

Ť.

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

| appropriate. All further | correspondence includired below or directed oth | ng the Patent, advance or | ders and notification of n | naintenance fees w | ill be ma | iled to the current | correspondence address as rate "FEE ADDRESS" for |
|--|--|---|--|--|-------------|---|--|
| CURRENT CORRESPOND | Fee(| Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | | |
| 23389 | 7590 11/06 | 5/2006 | | | , | Mailing or Transr | mission |
| 400 GARDEN C SUITE 300 | | PRESSER, PC | OIPE I her State addr trans | reby certify that the | is Fee(s) | Fransmittal is being | deposited with the United t class mail in an envelope above, or being facsimile te indicated below. |
| GARDEN CITY | , NY 11530 | IAN 3 0 2007) | (Depositor's name) | | | | |
| \ \ | | | <i>£</i> / 🗀 | (Signature) | | | |
| | | COM REMODE OF | (Date) | | | | |
| APPLICATION NO. | CATION NO. FILING DATE | | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | | | CONFIRMATION NO. |
| 10/710,821 08/05/2004 Matthew J. Breitwisch BUR920040015US1 6753 | | | | | | | 6753 |
| TITLE OF INVENTION | : ISOLATED FULLY D | DEPLETED SILICON-ON | i-insulator region | S BY SELECTIVE | ЕЕТСН | | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUI | E FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | \$300 | \$0 | | \$1700 | 02/06/2007 |
| EXAMINER ART UNIT | | | CLASS-SUBCLASS | 91/31/2007 HMARZI2 00000034 | | 090456 10710821 | |
| OWENS, DOUGLAS W 2811 | | | 438-296000 | 91 FC+1501 1400_60 DA | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a | patent front parcy 1554 to 3 registere 34 1534 1534 1534 1534 1534 1534 1534 1 | | | |
| . ASSIGNEE NAME A | ND RESIDENCE DATA | A TO BE PRINTED ON T | THE PATENT (print or typ | oe) | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| INTERNATIONAL BUSINESS MACHINES CORPORATION ARMONK, NEW YORK | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individuaḷ 🕱 Corporation or other private group entity 🚨 Government | | | | | | | |
| 4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. | | | | | | | |
| Advance Order - | of Copies | Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number Of Charge (enclose an extra copy of this form). | | | | | |
| | tus (from status indicate | , . | | | | | |
| | s SMALL ENTITY state | | b. Applicant is no long | | | | FR 1.27(g)(2). e assignee or other party in |
| nterest as shown by the | ecords of the United Sta | ites Patent and Trademark | Office. | ne applicant, a regi | stereu atto | omey or agent; or the | e assignee or other party in |
| Authorized Signature | An |)il- | | Date | Janua | ry 5, 2007 | |
| Typed or printed name | Steven F | ischman | | Registration N | ю. <u>З</u> | 4,594 | |
| his collection of inform n application. Confiden | ation is required by 37 C tiality is governed by 35 | CFR 1.311. The information U.S.C. 122 and 37 CFR | on is required to obtain or r 1.14. This collection is est | etain a benefit by t imated to take 12 i | he public | which is to file (and complete, including | by the USPTO to process) g gathering, preparing, and |

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.